

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO.  
APPLICATION

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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2		1					52						
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49							99						
50							100						
TOTAL REQ.	1		↓		↓								
TOTAL REQ.	22	←		←		←		↓		↓		↓	
TOTAL CLAMS	23	██████████		██████████		██████████		██████████		██████████		██████████	